附件：

**报名回执表（岗前培训班）**

**学院名称（盖章）： 院领导签字： 日期：**

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| **序号** | **姓名** | **性别** | **民族** | **部门** | **职务** | **联系电话** | **手 机** | **邮 箱** |
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填表人： 联系电话：